Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in JC 5-2-15-3.

Date:	12/02/20007	Address:	2427 N. Purdum St.
Case #:	<u>16F17705</u>		Kokomo, IN 46901
County:	<u>Howard (34)</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all the Lithium Lithium Red Photos Plantma Water For Anhydrod Lithium Corrosive	nd: Location (bedroom, kitchen, open a pat apply) /Ammonia Reaction(s): Outdoors osphorous/Iodine Reaction(s): ble Solvents: Reactive Metal (Lithium): ous Ammonia: hloric Acid Gas Generator(s): ve Acid: ve Base: tem and location):	-	
∑ Yes 2 (□ No *If yes, fax τe	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/Mo ☑ Other: <u>Tir</u>	-
	t is to be faxed to the following ager		
Health Depa	ment: <u>Kokomo Fire Dept.</u> artment: <u>Howard Co.</u> etion Service: <u>Howard Co.</u>	Fax: Fax: Fax:	-
	information regarding this methamph g Officer: <u>Trp. T.J. Zeiser</u> Pho	etamine laboratory, co ne <u>765-473-6666</u>	ontact

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.